

10-27-03



EXPRESS MAIL NO.: EL615430348US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Art Unit: Not Yet Assigned
M. Kent Shellenberger	
Application No.: 10/663,187	Examiner: Not Yet Assigned
Filed: September 15, 2003	Attorney's Docket No. 02351.0007.NPUS01
For: METHOD OF TREATING TUMORS	Confirmation No.: Not Yet Assigned

REQUEST FOR CORRECTING FILING DATE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

Sir:

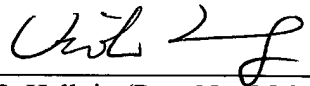
The above-identified application was filed on September 15, 2003, not September 16, 2003, as indicated incorrectly on the return receipt postcard (copy enclosed).

Enclosed is a copy of the Express Mail Certification under 37 CFR §1.10 and the dated receipt from the Post Office, both show that the application was filed on September 15, 2003.

Please correct the filing date and send us confirmation to indicate the filing date of September 15, 2003.

Respectfully submitted,

Date: October 23, 2003



Albert P. Halluin (Reg. No. 25,227)
Viola T. Kung (Reg. No. 41,131)

HOWREY SIMON ARNOLD & WHITE, LLP
301 Ravenswood Avenue
Box No. 34
Menlo Park, CA 94025
(650) 463-8109; (650) 463-8181

Please indicate receipt of the below-identified paper:

PTO

<input checked="" type="checkbox"/> New Application For: Utility		Priority Date: September 13, 2002	
<input type="checkbox"/> Foreign priority already claimed		Fee Amount: \$750.00 or any related fee not specified	
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
<input checked="" type="checkbox"/> Specification: 19 Pages		<input type="checkbox"/> Drawings: Sheets	
<input type="checkbox"/> Response to Office Action Dated:		<input type="checkbox"/> Final Rejection	
<input checked="" type="checkbox"/> Other: Utility Patent App. Trans. (1 pg.); Fee Transmittal (1 pg.); Check for \$750.00; and Return Receipt Postcard			
<input type="checkbox"/> Assignment Enclosed		<input type="checkbox"/> Cert. of Timely Mailing	<input checked="" type="checkbox"/> Exp. Mail: EL615430073US

IDENTIFICATION OF APPLICATION

Serial No.: Not Yet Assigned		Responsible Attorney: APH/VTK	
Title: METHOD OF TREATING TREMORS			
Applicant: M. Kent Shellenberger		Entered By: jp	
Client: Elan		Firm File No.: 02351.0007.NPUS01	
Mailed: September 15, 2003	Filed: September 12, 2003	Due Date: September 13, 2003 (but Sat. was holiday)	

22141 U.S. PTO
10/663187
09/16/03



EXPRESS MAIL CERTIFICATION UNDER 37 C.F.R. 1.10

(P)

gencer

"EXPRESS MAIL" LABEL NO. EL615430073US.

DATE OF DEPOSIT: September 15, 2003

I hereby certify that the below-listed papers for fees were inserted into a package that was addressed to the P.O. Box 1450, Alexandria, VA 22313-1450 and is being deposit with the United States Postal Service "Express Mail Post Office Addressee: service under 37 C.F.R. § 1.10 on the date indicated above.

Signature: _____

Kory Mingus
Kory Mingus

Date: September 15, 2003

SENDER	FILE NO	APPLN/PATENT NO	DESCRIPTION
APH/VTK	02351.0007.NPUS01	To be assigned	Utility Patent Application; Fee Transmittal; Specification (19 pgs); Check for \$750; and Return Receipt Postcard



POST OFFICE TO ADDRESSEE



EL615430073US

SEE REVERSE SIDE FOR
GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

X940372

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Federal Agency Acct. No. or
Postal Service Acct. No.

Customer Signature

FR M: (PLEASE PRINT)

PHONE ()

HOWKEY SIMON
ARNOLD & WHITE LLP
301 RAVENSWOOD AVE

TO: (PLEASE PRINT)

PHONE ()

COMMISSIONER FOR PATENTS
P.O. Box 1450
ALEXANDRIA VA 22313-1450

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov

